

Exhibit 8

Death Certificate of Donato Chu's
Dad at 100, after being sick for
years and needing to be taken care of
bed-ridden, after wife passed away a year
before with round-the-clock home aides
with Donna needing to do a dozen or more
cross-county trips to New Jersey from California
to oversee. Then the following year clearing up
the estate & house for resale.

STATE OF NEW JERSEY

Exhibit B

B0008661613

NEW JERSEY DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

20170015245

1a. Legal Name of Decedent (First, Middle, Last, Suffix) James C Chu				LMB ONLY <input type="checkbox"/>	
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)					
2. Sex Male	3. Social Security Number 129-18-0503	4a. Age 100 Years	5. Date of Birth (Mo/Day/Yr) 12/05/1916		
6. Birthplace (City & State/Foreign Country) Sunwul, Canton, China					
7a. Residence-State New Jersey	7b. County Bergen	7c. Municipality/City Teaneck Township			
7d. Street and Number 558 Gail Court	7e. Apt. No.	7f. Zip Code 07666	7g. Inside City Limits? Yes		
8a. Ever in US Armed Forces? No	8b. If Yes, Name of War:		8c. War Service Dates (From/To):		
9. Domestic Status at Time of Death Widowed		10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)			
11. Father's Name (First, Middle, Last) Gum Foo Chu					
12. Mother's Name Prior to First Marriage (First, Middle, Last) Ng Ding Chu					
13a. Name of Informant Leanne Chu				13b. Relationship to Decedent Daughter	
13c. Mailing Address (Street and Number, City, State, Zip Code) 210 W. 70th Street Apt. 1501, New York, NY 10034					
14. Method of Disposition Cremation	15. Place of Disposition (name of cemetery, crematory, other) Cedar Lawn Crematory		16. Location- City & State/Foreign Country Paterson City, New Jersey		
17. Name and Complete Address of Funeral Facility Volk Leber Funeral Home-Teaneck, 789 Teaneck Rd, Teaneck, NJ 07666-4243					
18. Electronic Signature of Funeral Director Kurt D Larsen				19. NJ License Number 23JP00484500	
20. Decedent Education High school graduate or GED completed		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race Asian Indian, Chinese	
23. Occupation of Decedent (Type of work done most of life, even if retired) Business Owner		24. Kind of Business/Industry Retail			
25. Name and Address of Last Employer Self Employed, Wood-Ridge, NJ 07075					
26. Date Pronounced Dead (Mo/Day/Yr) 03/04/2017		28. Name of Person Pronouncing Death Madhu Parmar			
27. Time Pronounced Dead (24-hr) 1505	29. License Number 25MA08017900		30. Date Signed (Mo/Day/Yr) 03/04/2017		
31. Date of Death (Mo/Day/Yr) 03/04/2017	32. Time of Death (24-hr) 1505	33. Was Medical Examiner Contacted? No		34. Place of Death Hospital; Inpatient	
35a. Facility Name (If not institution, give street and number) Hackensack University Medical Center					
35b. Municipality Hackensack City		35c. County Bergen			
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
Immediate Cause a. acute respiratory failure with Acute on chronic heart failure Due to (or as a consequence of): b. sepsis with bacteremia with Staphylococcus, Influenza A H3 infection Due to (or as a consequence of): c. herpes simplex and candida infection of mouth Due to (or as a consequence of): d. copd on home O2 prostate cancer				Interval Between Onset and Death few days few days few days few years	
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I HTN Hyperlipidemia				37. Was an Autopsy Performed? No	
				38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)	40. Time of Injury (24-hr)	41. Place of Injury (e.g. home, construction site, restaurant)		42. Injury at work?	
43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	43c. County	43d. State	
44. Describe How Injury Occurred				45. If Transportation Injury:	
46. Manner of Death Natural	47. Did Decedent Have Diabetes? No	48. Did Tobacco Use Contribute to Death? Probably	49. If Female, Pregnancy State Not applicable		
50. Certifier Type Pronouncer and Certifier		51. Name, Address, and Zip Code of Certifier Madhu Parmar 709 Closter Dock Road, Closter, NJ 07624			
52. Electronic Signature of Certifier Madhu Parmar		53. License Number 25MA08017900	54. Date Certified (Mo/Day/Yr) 03/05/2017		
55. Electronic Signature of Local Registrar Laura Turnbull		56. District No. V0286	57. Date Received 03/13/2017	Case ID Number 1901552	

Record
Contains
Amendment

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK HOLD AT LIGHT TO VERIFY

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2. Sex Male		3. Date of Birth 123-18-0503		4. Age 100 Years		5. Race 123-18-1516	
6. Birthplace (City & State/Foreign Country) Sunwui, Canton, China							
7a. Residence-State New Jersey			7b. County Bergen		7c. Municipality/City Teaneck Township		
7d. Street and Number 558 Gail Court			7e. Apt No.		7f. Zip Code 07666		7g. Inside City Limits? Yes
8a. Ever in US Armed Forces? No		8b. If Yes, Name of War:			8c. War Service Dates (From/To):		
9. Domestic Status at Time of Death Widowed				10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)			
11. Father's Name (First, Middle, Last) Gum Foo Chu							
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23. Occupation of Decedent (Type of work done most of life, even if retired) Business Owner			24. Kind of Business/Industry Retail				
25. Name and Address of Last Employer Self Employed, Wood-Ridge, NJ 07075							
26. Date Pronounced Dead (Mo/Day/Yr) 03/04/2017			28. Name of Person Pronouncing Death Madhu Parmar				
27. Time Pronounced Dead (24-hr) 1505		29. License Number 26MA08017900		30. Date Signed (Mo/Day/Yr) 03/04/2017			
31. Date of Death (Mo/Day/Yr) 03/04/2017		32. Time of Death (24-hr) 1505		33. Was Medical Examiner Contacted? No		34. Place of Death Hospital; Inpatient	
35a. Facility Name (If not institution, give street and number) Hackensack University Medical Center							
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Immediate Cause a. acute respiratory failure with Acute on chronic heart failure						Interval Between Onset and Death few days	
Due to (or as a consequence of): b. sepsis with bacteremia with Staphylococcus, Influenza A H3 infection						few days	
Due to (or as a consequence of): c. herpes simplex and candida infection of mouth						few days	
Due to (or as a consequence of): d. copd on home O2 prostate cancer						few years	
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. HTN Hypertlipidemia						37. Was an Autopsy Performed? No	
						38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
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55. Electronic Signature of Local Registrar Laura Turnbull				56. District No. V0286		57. Date Received 03/13/2017	
						Case ID Number 1901552	

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DATE ISSUED: **March 15, 2017**

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied
from a record on file in my office.

Certified copy not valid unless the raised Great
Seal of the State of New Jersey or the seal of the
issuing municipality or county is affixed hereon

Vincent T. Am...

